

POSITION	INITIALS	ID NO.	DATE
	MA		05/03/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		32	5/22
FORMALITY REVIEW	SI	1021	06/27/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/14/01
2	8/22/01
3	8/22/01
4	8/22/01
5	8/22/01
6	8/22/01
7	8/22/01
8	8/22/01
9	8/22/01
10	8/22/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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